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| Fill in this information to identify your case: | | | |
|---|-------------------------------|---|---------------------------------|
| United States Bankruptcy Court for the: | | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | = | Ø | |
| Case number(#known) | Chapter you are filing under: | | |
| 12 | Chapter 7 | | |
| | ☐ Chapter 11 | | |
| | ☐ Chapter 12 | | |
| 2.5 | ☐ Chapter 13 | | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | 111: Identify Yourself | | |
|----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | Dennis | |
| | your government-issued picture identification (for example, your driver's | First name | First name |
| | license or passport). | Middle name | Middle name |
| | Bring your picture | Martin | |
| | with the trustee, | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-5196 | |
| | | | |

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| ☐ I have not used any business name or EINs. Business name(s) | | |
|--|--|--|
| | | |
| | | |
| 9: | | |
| | | |
| | | |
| | | |
| If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| ZIP Code | | |
| g this petition, I have any other district. | | |
| | | |

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Debtor 1 Martin, Dennis Document Page 3 of 48 Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
|-----|---|---|-----------------------------|---|---|--|-----------------------------------|--|--|
| | choosing to file under | ■ Cha | pter 7 | | | | | | |
| | | ☐ Cha | pter 11 | | | | | | |
| | | ☐ Cha | pter 12 | | | | | | |
| | | ☐ Cha | pter 13 | | | | | | |
| 8. | How you will pay the fee | al If | oout how yo | ou may pay. Typically, if you a ey is submitting your paymen | re paying the fee you | ck with the clerk's office in your le reself, you may pay with cash, ca attorney may pay with a credit o | shier's check, or money order. | | |
| | | | need to pa | y the fee in installments. If | you choose this opti | on, sign and attach the Application | on for Individuals to Pay The | | |
| | | | | Installments (Official Form 10 | | n only if you are filing for Chapte | e 7 Bulan - Salara - Salara | | |
| | | no yo | ot required our family s | to, waive your fee, and may de | so only if your inco the fee in installmen | me is less than 150% of the office ts). If you choose this option, yo | cial poverty line that applies to | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | | |
| | 1.0 | | District | | When | Case number | | | |
| | | | District | | | Case number | 9. | | |
| | | | District | - | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being filed by | ■ No | | | | | | | |
| | a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | Relationship to y | /ou | | |
| | | | District | | When | Case number, if | known | | |
| | | | Debtor | - | -30 | Relationship to y | rou | | |
| | | | District | 3 <u></u> | When | Case number, if | known | | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | | |
| | residence: | ☐ Yes. | Has yo | our landlord obtained an eviction | on judgment against | you and do you want to stay in y | our residence? | | |
| | | | | No. Go to line 12. | | | | | |
| | | | | Yes. Fill out Initial Statement | t About an Eviction J | ludgment Against You (Form 10 | 1A) and file it with this | | |

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| Par | tis: Report About Any Bu | sinesses | You Own | as a Sole Propriet | tor | | |
|------------------------|--|------------------------|--|--|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Nam | e and location of bu | siness | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | Name of business, if any Number, Street, City, State & ZIP Code Check the appropriate box to describe your business: | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | Num | | | | |
| | to this petition. | | Chec | | | | |
| | | | | Health Care Busi | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Rea | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as o | defined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | e _{TP} | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small | deadline: operation | s. If you in is, cash-fl 116(1)(B) | dicate that you are a ow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must atlach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure in 11 pter 11. | | |
| business debtor see 11 | | | | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | |
| | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankr | | | | |
| Part | 4: Report if You Own or | Have Any | Hazardo | us Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any property that poses or is | No. | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to public health or | ☐ Yes. | What is | the hazard? | | | |
| | safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |

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Debtor 1 Part 5:

Martin, Dennis

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan. if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary walver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Pai | t 6: Answer These Quest | ions for Re | porting Purposes | | | | |
|------|--|--|---|--|---|--|--|
| 16. | What kind of debts do you have? | 16a. | Are your debts primaril individual primarily for a p | y consumer debts? Consumer debts are def ersonal, family, or household purpose." | ined in 11 U.S.C.§ 101(8) as "incurred by an | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | | | | |
| | | TOD. | for a business or investme | y business debts? Business debts are debts ant or through the operation of the business or | that you incurred to obtain money investment. | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts yo | u owe that are not consumer debts or business | debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Cha | oter 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter paid that funds will be ava | 7. Do you estimate that after any exempt proper illable to distribute to unsecured creditors? | ty is excluded and administrative expenses are | | |
| | administrative expenses are paid that funds will be | | ■ No | | | | |
| | available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do | 1-49 | | ☐ 1,000-5,000 | □ 25,001-50,000 | | |
| | you estimate that you owe? | 50-99 | | □ 5001-10,000 | 50,001-100,000 | | |
| | | 100-19 | 9 | 10,001-25,000 | ☐ More than 100,000 | | |
| | | 200-99 | 9 | | \$4,000,400,50400 \$1.000 \$1.000 \$400,000 \$2 | | |
| 19. | How much do you | \$0 - \$5 | 0,000 | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | \$50,001 - \$100,000 | | \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | |
| | | \$100,001 - \$500,000 | | ☐ \$50,000,001 - \$100 million | \$10,000,000,001 - \$50 billion | | |
| | | \$500,0 | 01 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| 20. | How much do you | \$0 - \$5 | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | | 1 - \$100,000 | \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | |
| | | KKKKKKKK | 01 - \$500,000 | \$50,000,001 - \$100 million | \$10,000,000,001 - \$50 billion | | |
| | | \$500,00 | 01 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| Part | 7: Sign Below | | | | | | |
| For | you | I have exam | nined this petition, and I de | oclare under penalty of perjury that the informat | ion provided is true and correct. | | |
| | | If I have ch States Cod | osen to file under Chapte e. I understand the relief a | or 7, I am aware that I may proceed, if eligible, available under each chapter, and I choose to p | under Chapter 7, 11,12, or 13 of title 11, Uniteroceed under Chapter 7. | | |
| | | If no attorne have obtain | ey represents me and I dic ed and read the notice rec | I not pay or agree to pay someone who is not a juired by 11 U.S.C. § 342(b). | n attorney to help me fill out this document, I | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | |
| | | l understan | d making a false statemer sult in fines up to \$250,00 | nt, concealing property, or obtaining money or p 00, or imprisonment for up to 20 years, or both. | roperty by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | |
| | | Dennis N Signature of | | Signature of Debto | 12 | | |
| | | Executed o | | Fundamental Company Co | | | |
| | | | MM / DD / YYYY | MM | I / DD / YYYY | | |

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

> 6304330 Bar number & State

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Brian Wright
Printed name
Brian Wright & Associates, P.C.
Firm name

437 West State Street Suite 101
Sycamore, IL 60178
Number, Street, City, State & ZIP Code

Contact phone (815) 895-2074

Email address bw@wrightandassociateslaw.com

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| | | | <u>., </u> | | |
|---|-------------------------|-------------------|---|------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Dennis Martin | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVI | SION | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets | | |
|-----|---|-------------|---------------------------|
| | | Your a | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 10,651.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 93,665.79 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 104,316.79 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 350,521.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F | \$ | 64,037.36 |
| | Your total liabilities | \$ | 414,558.36 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 6,635.94 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 7,461.76 |
| Pai | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your ot | her schedu | ıles. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a pupurpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fa | mily, or household |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9,804.57 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | 1 |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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|-------------------------|----------------------------------|---|-------------------------------|--|--|------------------------------------|-------------|--|
| Fill ir | n this informa | tion to identify | your case and thi | | F 80E 10 (11 40 | | | |
| Debto | or 1 | Dennis Mart | | | | | | |
| Debto | or 2 | First Name | Middle | Name | Last Name | | | |
| | se, if filing) | First Name | Middle | Name | Last Name | | | |
| Unite | d States Bank | cruptcy Court for | the: NORTHER | N DISTRICT OF ILLII | NOIS, EASTERN DIVISION | | | |
| Case | number | | | | | | | Check if this is an |
| | | | | | - | | _ | amended filing |
| Sc n each hink it | hedule | as complete and a space is needed, a | roperty escribe items. List a | e. If two married people | n asset fits in more than one of a re filing together, both are e top of any additional pages, | qually responsible | for supply | ing correct |
| Part 1 | : Describe Ea | ach Residence, Bu | ilding, Land, or Oth | ner Real Estate You Ow | vn or Have an Interest In | | | |
| . Do | you own or ha | ve any legal or eq | uitable interest in ar | ny residence, building, | land, or similar property? | | | |
| | No. Go to Part 2 | <u>.</u> | | | | | | |
| • | Yes. Where is t | he property? | | | | | | |
| 1.1 | | | | What is the property Single-family | | Do not deduct sec | ured claim | s or exemptions. Put |
| _ | 301 Geneva Street address, if | a Rd available, or other des | cription | □ ' | lti-unit building n or cooperative | | | laims on Schedule D: Secured by Property. |
| | Glen Ellyn | IL | 60137-3711 | ☐ Manufactured☐ Land | l or mobile home | Current value of tentire property? | | Current value of the portion you own? |
| | City | State | ZIP Code | Investment pr | operty | \$344,000 | 0.00 | \$10,651.00 |
| | | | | ☐ Timeshare ☐ Other Who has an interes: ☐ Debtor 1 only | t in the property? Check one | | ole, tenano | r ownership interest by by the entireties, or |
| - | County | | | Debtor 2 only | | | | |
| | County | | | Debtor 1 and At least one of | Debtor 2 only of the debtors and another | Check if this | | unity property |
| | | | | | ou wish to add about this iten | ` | 5) | |
| | dd the dollar | value of the po | rtion you own for | all of your entries fr | om Part 1, including any e | ntries for pages | | \$10,651.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

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Case number (if known) Document Debtor 1 Martin, Dennis 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Infiniti Who has an interest in the property? Check one 3 1 Make: the amount of any secured claims on Schedule D: G Sedan Model: Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2011 Debtor 2 only Current value of the Current value of the 57000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$12,000.00 \$12,000.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Honda Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: **Pilot** Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2011 Year. Debtor 2 only Current value of the Current value of the Approximate mileage: 93322 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another \$15,000.00 \$15,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$27,000.00 you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Rugs, sofas, table/chairs, lamps, pictures, window coverings, cookware, utensils, dressers, beds, desks, tools, lawn mower, \$865.00 grill, lawn furniture, kitchen appliances 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

☐ Yes. Describe.....

\$250.00

TV's and Computers

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| DCDIOI | Martin, Dennis | | | KIIOWII) | |
|-----------------------|--|----------------------------------|---|------------------|---|
| | ment for sports and hol ples: Sports, photographi instruments | | quipment; bicycles, pool tables, golf clubs, skis; can | oes and kayaks | ; carpentry tools; musical |
| ■ No □ Yes | s. Describe | | | | |
| _ | | guns, ammunition, and relate | d equipment | | |
| ■ No □ Yes | s. Describe | | | | |
| 11. Cloth Exar □ No | | furs, leather coats, designer we | ear, shoes, accessories | | |
| ■ Yes | s. Describe | | | | |
| | Clo | thing | | | \$200.00 |
| ☐ No | nples: Everyday jewelry, o | costume jewelry, engagement r | rings, wedding rings, heirloom jewelry, watches, gen | ns, gold, silver | \$200.00 |
| | | | | | |
| <i>Exar</i> □ No | farm animals mples: Dogs, cats, birds, s. Describe | horses | | | |
| | | / Fox Terrier | | | \$100.00 |
| ■ No □ Yes | s. Give specific information in the dollar value of all of the dollar value o | on | ready list, including any health aids you did not including any entries for pages you have attach | | \$1,615.00 |
| | | | | | |
| Part 4: | Describe Your Financial As | ssets | | | |
| Do you o | own or have any legal o | r equitable interest in any o | f the following? |] [| Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | <i>mples:</i> Money you have in | your wallet, in your home, in a | a safe deposit box, and on hand when you file your pe | etition | |
| Exar | | | ertificates of deposit; shares in credit unions, broker the same institution, list each. | age houses, an | d other similar |
| □ No ■ Yes | S | | Institution name: | | |
| | 17 | .1. Checking Account | Citibank | | \$483.92 |
| | | | | | |
| | 17 | .2. Savings Account | Citibank | | \$931.38 |

Official Form 106A/B Schedule A/B: Property

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Case number (if known)

Document Debtor 1 Martin, Dennis

| | | 17.3. | Savings Account | Daughter's Savings Account at Chase | \$632.02 |
|-----|---|------------|-----------------------------|---|--|
| 18. | . Bonds, mutual funds, or p Examples: Bond funds, inv | | | e firms, money market accounts | |
| | ■ No □ Yes | Ir | nstitution or issuer name | e: | |
| 19. | joint venture | k and in | erests in incorporated | d and unincorporated businesses, including an interest in a | an LLC, partnership, and |
| | ■ No □ Yes. Give specific inform | | oout theme of entity: | % of ownership: | |
| 20. | Negotiable instruments inc | lude per | sonal checks, cashiers' | e and non-negotiable instruments checks, promissory notes, and money orders. o someone by signing or delivering them. | |
| | ☐ Yes. Give specific inform | | out them r name: | | |
| 21. | □No | A, ERISA | , , , , , , , , |), thrift savings accounts, or other pension or profit-sharing plan | ns |
| | ■ Yes. List each account se | Type of | account: or Similar Plan | Institution name: DeVry Education Group - Fidelity | \$63,003.47 |
| | ■ No □ Yes | in Iandioi | as, prepaid rent, public | utilities (electric, gas, water), telecommunications companies, or Institution name or individual: | otners |
| | _ | | | Institution name or individual: | |
| 23. | ■ No | | . , | ou, either for life or for a number of years) | |
| | | | and description. | | |
| 24. | 26 U.S.C. §§ 530(b)(1), 529 | | | ed ABLE program, or under a qualified state tuition program | n. |
| | | tution na | me and description. Sep | parately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, equitable or future No | e interes | sts in property (other t | than anything listed in line 1), and rights or powers exercis | able for your benefit |
| | ☐ Yes. Give specific inform | nation al | oout them | | |
| 26. | Patents, copyrights, trade Examples: Internet domainNo | | | ner intellectual property n royalties and licensing agreements | |
| | ☐ Yes. Give specific inform | nation al | oout them | | |
| 27. | Licenses, franchises, and Examples: Building permitsNo | | | e association holdings, liquor licenses, professional licenses | |
| | ☐ Yes. Give specific inform | nation al | oout them | | |
| M | oney or property owed to y | you? | | | Current value of the portion you own? Do not deduct secured |

claims or exemptions.

| | | Case 16-347 | 51 Doc 1 | | Entered 10/31/16 14:58:11 | Desc Main |
|-----|--------------------|--|----------------------|---|---|--------------------------------|
| D | ebtor 1 | Martin, Dennis | | Document | Page 14 of 48 Case number (if known) | |
| 28. | _ | unds owed to you | | | | |
| | ■ No □ Yes. 0 | Give specific information | on about them, incl | luding whether you alread | y filed the returns and the tax years | |
| | | one opeeme informatio | or about thom, mo | idanig Wilothor you alload | y mod the retaine and the tax years | |
| 29. | Family | support | | | | |
| | Examp ■ No | les: Past due or lump | sum alimony, spo | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| | | Give specific information | on | | | |
| | | | | | | |
| 30. | Examp | | | | ts, sick pay, vacation pay, workers' compensat | ion, Social Security benefits; |
| | ■ No □ Yes. | Give specific information | on | | | |
| 31. | Interest | s in insurance polici | es | | | |
| | Examp ■ No | les: Health, disability, d | or life insurance; h | ealth savings account (HS | SA); credit, homeowner's, or renter's insurance | |
| | | Name the insurance co | mpany of each po | licy and list its value. | | |
| | | | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you a died. No | | living trust, expect | someone who has died proceeds from a life insu | I rance policy, or are currently entitled to receive p | property because someone has |
| | | Civo opocinio imormati | O11 | | | |
| 33. | | | | you have filed a lawsuit surance claims, or rights | or made a demand for payment to sue | |
| | ☐ Yes. | Describe each claim | | | | |
| 34. | | ontingent and unliqu | idated claims of | every nature, including | counterclaims of the debtor and rights to s | et off claims |
| | ■ No □ Yes. | Describe each claim | | | | |
| 35 | | ancial assets you did | | | | |
| 33. | ■ No | anciai assets you did | i not an eady nst | | | |
| | ☐ Yes. | Give specific information | on | | | |
| 36 | | | • | • | y entries for pages you have attached for | \$65,050.79 |
| Pa | art 5: Des | scribe Any Business-Re | elated Property You | ı Own or Have an Interest I | n. List any real estate in Part 1. | |
| 37. | Do you o | wn or have any legal or | r equitable interest | in any business-related pr | operty? | |
| | No. Go | to Part 6. | | | | |
| | ☐ Yes. G | o to line 38. | | | | |
| Pa | | scribe Any Farm- and Co ou own or have an interes | | -Related Property You Ow n Part 1. | n or Have an Interest In. | |
| 46 | | own or have any leg Go to Part 7. | al or equitable in | terest in any farm- or c | ommercial fishing-related property? | |
| | ☐ Yes. | Go to line 47. | | | | |
| Pa | art 7: | Describe All Property | You Own or Have | an Interest in That You Dic | I Not List Above | |

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Case number (if known) Document Debtor 1 Martin, Dennis 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$10,651.00 56. Part 2: Total vehicles, line 5 \$27,000.00 57. Part 3: Total personal and household items, line 15 \$1,615.00 Part 4: Total financial assets, line 36 58. \$65,050.79 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00

\$93,665.79

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

Case 16-34751

Doc 1

\$104,316.79

\$93,665.79

Copy personal property total

Desc Main

Official Form 106A/B Schedule A/B: Property page 6 Case 16-34751 Doc 1 Filed 10/31/16 Entered 10/31/16 14:58:11 Desc Main

| Fill in this inforn | nation to identify your | case: | | |
|---------------------------------|--------------------------|-------------------|-------------------------|---------|
| Debtor 1 | Dennis Martin First Name | Middle Name | Last Name | } |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DI | IVISION |
| Case number _ | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption | |
|--|--------------------------------------|--|---|------------------------------------|--|
| | | | | | |
| 301 Geneva Rd | \$10,651.00 | | \$15,000.00 | 735 ILCS 5/12-901 | |
| Glen Ellyn IL, 60137-3711 Line from Schedule A/B 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Infiniti G Sedan | \$12,000.00 | | \$1,200.00 | 735 ILCS 5/12-1001(c) | |
| 2011 57000 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Infiniti G Sedan | \$12,000.00 | | \$250.00 | 735 ILCS 5/12-1001(b) | |
| 2011 57000 Line from <i>Schedule A/B</i> : 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Honda Pilot | \$15,000.00 | | \$1,200.00 | 735 ILCS 5/12-1001(c) | |
| 2011 93322 Line from <i>Schedule A/B</i> : 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | |

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| Brief description of the property and line on Schedule A/B that lists this property | portion you own | | Specific laws that allow exemption | |
|---|-------------------------------------|---------|---|-----------------------|
| | Copy the value from Schedule A/B | Cne | ck only one box for each exemption. | |
| Honda Pilot | \$15,000.00 | | \$287.68 | 735 ILCS 5/12-1001(b) |
| 2011 93322 Line from <i>Schedule A/B</i> : 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Rugs, sofas, table/chairs, lamps, pictures, window coverings, | \$865.00 | | \$865.00 | 735 ILCS 5/12-1001(b) |
| cookware, utensils, dressers, beds, desks, tools, lawn mower, grill, lawn furniture, kitchen appliances Line from Schedule A/B 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TV's and Computers Line from Schedule A/B 7.1 | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) |
| Line from Scriedule A/B. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothing Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) |
| Line Holli Schedule AVII. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Wedding ring Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| Zine nom esinedate / v Zi 1211 | | | 100% of fair market value, up to any applicable statutory limit | |
| Toy Fox Terrier Line from Schedule A/B: 13.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| Elle Holli Genedale AVE. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Citibank Line from Schedule A/B: 17.1 | \$483.92 | | \$483.92 | 735 ILCS 5/12-1001(b) |
| Line Iron Schedule A/B. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Citibank Line from Schedule A/B: 17.2 | \$931.38 | | \$931.38 | 735 ILCS 5/12-1001(b) |
| Line Holli Schedule AVII. 11.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| Daughter's Savings Account at Chase | \$632.02 | | \$632.02 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| DeVry Education Group - Fidelity Line from Schedule A/B 21.1 | \$63,003.47 | | \$63,003.47 | 735 ILCS 5/12-1006 |
| Line Holli Schedule AVII. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No □ Yes. Did you acquire the property covered □ No □ Yes | years after that for case | s filed | | |

Official Form 106C

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| | Document | Page 1 | 8 of 48 | | |
|---|--|-----------------|---|---|-----------------------------|
| Fill in this information to identify y | our case: | | | | |
| Debtor 1 Dennis Marti | n | | | | |
| First Name | Middle Name | Last Name | | . } | |
| Debtor 2 | | | | | |
| (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for t | he: NORTHERN DISTRICT OF ILL | INOIS, EAS | TERN DIVISION | | |
| , , | | | | | |
| Case number (if known) | | | | | transfer to a co |
| (ii kilowii) | | | | | if this is an ded filing |
| | | | | amend | ied illing |
| Official Form 106D | | | | | |
| | rs Who Have Claims | Sacura | d by Droport | | 40/45 |
| Scriedule D. Credito | 15 WIIO Have Claims | <u>Secure</u> | d by Propert | у | 12/15 |
| | le. If two married people are filing togethe out, number the entries, and attach it to t | | | | |
| 1. Do any creditors have claims secured | d by your property? | | | | |
| ☐ No. Check this box and submi | t this form to the court with your other so | chedules. Yo | u have nothing else to re | port on this form. | |
| Yes. Fill in all of the information | · | | - · · · · · · · · · · · · · · · · · · · | F | |
| | n below. | | | | |
| Part 1: List All Secured Claims | | | Column A | Column B | Column C |
| | as more than one secured claim, list the cred | | Amount of claim | | Unsecured |
| | has a particular claim, list the other creditors betical order according to the creditor 's nam | | Do not deduct the | Value of collateral that supports this | portion |
| | - | | value of collateral. | claim | If any |
| 2.1 Bank of America Creditor's Name | Describe the property that secures t | the claim: | \$13,516.00 | \$15,000.00 | \$0.00 |
| | 2011 Honda Pilot | | | | |
| NC4-105-03-14 PO Box 26012 | | | | | |
| Greensboro, NC | As of the date you file, the claim is: | Check all that | | | |
| 27420-6012 | apply. Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| • | Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as r | mortgage or se | ecured | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| ☐ At least one of the debtors and another | er | | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | Car Loan | | | |
| community debt | | | | | |
| Date debt was incurred 2013-07 | Last 4 digits of account numb | ber <u>6205</u> | | | |
| 2.2 Bank of the West | Describe the property that secures t | the claim: | \$14,307.00 | \$12,000.00 | \$2,307.00 |
| Creditor's Name | 2011 Infiniti G Sedan | | | | ΨΞ,σστισσ |
| | | | | | |
| 2527 Camino Ramon | As of the date you file, the claim is: | Chaalt all that | | | |
| San Ramon, CA | apply. | Check all that | | | |
| 94583-4292 | _ Contingent | | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | | |
| W | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as r | mortgage or se | ecured | | |
| Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, med | chanic's lien) | | | |
| At least one of the debtors and another | _ ~ | Corlos | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | Car Loan | | | |
| Date debt was incurred 2015-01 | Last 4 digits of account number | ber 8092 | | | |

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| Debtor 1 Dennis Martin | | Case number (f know) | | | |
|---|--|--|--------------------------------|----------|--|
| First Name Middle N | lame Last Name | | | | |
| 2.3 Freedom Mortgage Corp | Describe the property that secures the claim: | \$322,698.00 | \$344,000.00 | \$0.00 | |
| Creditor's Name | 301 Geneva Rd, Glen Ellyn, IL 60137-3711 | | | | |
| 10500 Kincaid Dr Fishers, IN 46037-9749 | As of the date you file, the claim is: Check all tha apply. Contingent | t | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | An agreement you made (such as mortgage of car loan) | r secured | | | |
| ☐ Debtor 1 and Debtor 2 only | n) | | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Mortga | ge | | | |
| Date debt was incurred 2016-02 | Last 4 digits of account number 71 | 17 | | | |
| Add the dollar value of your entries in Collif this is the last page of your form, add the Write that number here: Part 2: List Others to Be Notified fo | , 0 | \$350,521.0 \$350,521.0 | _ | | |
| Use this page only if you have others to b trying to collect from you for a debt you o | ne notified about your bankruptcy for a debt that the twe to someone else, list the creditor in Part 1, are to you listed in Part 1, list the additional creditors | nd then list the collection agen | cy here. Similarly, if you ha | ive more | |
| Name, Number, Street, City, State & Bank of the West | Zip Code On | which line in Part 1 did you ente | r the creditor? | | |
| 2527 Camino Ramon San Ramon, CA 94583-429 | | st 4 digits of account number 8 | 092 | | |
| Name, Number, Street, City, State & Bk of Amer | Zip Code On | which line in Part 1 did you ente | r the creditor? _ 2.1 _ | | |
| PO Box 45144 Jacksonville, FL 32232-514 | | st 4 digits of account number <u>6</u> | 205 | | |

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| | | Document | Page 2 | 0 of 48 | | |
|--|--|--|--------------------------------|---|--|---|
| Fill in this in | formation to identify your | case: | | | | |
| Debtor 1 | Dennis Martin | | | | | |
| | First Name | Middle Name | Last Name | | -) | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | - | |
| | | | | | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS, EAS | TERN DIVISION | - | |
| Case number | | | | | | |
| (if known) | | | | | | Check if this is an |
| | | | | | a | mended filing |
| Official Fo | orm 106E/F | | | | | |
| | | ho Have Unsecured | Claims | | | 12/15 |
| Schedule G: Ex D: Creditors WI he Continuations case number (if | ecutory Contracts and Unexp no Have Claims Secured by Pr on Page to this page. If you ha | that could result in a claim. Also li ired Leases (Official Form 106G). D roperty. If more space is needed, co we no information to report in a Par | o not include oppy the Part yo | any creditors with partial ou need, fill it out, numbe | lly secured claims to er the entries in the | that are listed in Schedule boxes on the left. Attach |
| | editors have priority unsecure | | | | | |
| No. Go | | a dame agamet you. | | | | |
| □ Yes. | to rait z. | | | | | |
| | st All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| 3. Do any cre | editors have nonpriority unsec | cured claims against you? | | | | |
| ☐ No. You | u have nothing to report in this p | art. Submit this form to the court with | your other sche | edules. | | |
| | 3 | | , | | | |
| Yes. | | | | | | |
| unsecured | claim, list the creditor separately | aims in the alphabetical order of th y for each claim. For each claim listed ist the other creditors in Part 3.If you h | , identify what t | type of claim it is. Do not lis | st claims already incl | uded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 AT& | т | Last 4 digits of acc | ount number | 7684 | | \$480.82 |
| | riority Creditor's Name | | | | | <u> </u> |
| PO I | 3ox 5014 | When was the deb | t incurred? | | | - |
| _ | ol Stream, IL 60197-501 | 4 | | | | |
| Numb | er Street City State Zlp Code | | file, the claim | is: Check all that apply | | |
| _ ` | ncurred the debt? Check one. | | | | | |
| | ebtor 1 only | ☐ Contingent | | | | |
| | ebtor 2 only | ☐ Unliquidated | | | | |
| | ebtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | least one of the debtors and and | _ | RITY unsecure | d claim: | | |
| ☐ Cr debt | neck if this claim is for a com | | | | and the state of t | |
| | claim subject to offset? | report as priority cla | | aration agreement or divord | ce inat you did not | |
| ■ No |) | ☐ Debts to pension | or profit-sharir | ng plans, and other similar | debts | |
| ☐ Ye | es | Other. Specify | | | | |
| | | | | | | _ |

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| Martin, Dennis | | Case number (it know) | |
|--|--|--|-------------|
| Bank of America | Last 4 digits of account number | 3077 | \$10,624.00 |
| Nonpriority Creditor's Name NC4-105-03-14 | When was the debt incurred? | 2013-07 | |
| PO Box 26012 | | | |
| Greensboro, NC 27420-6012 Number Street City State Zlp Code | As of the date you file, the claim | s. Check all that anniv | |
| Who incurred the debt? Check one. | As of the date you me, the claim | s. Oneth all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | | | |
| □ 169 | Other. Specify | _ | |
| Bank of America | Last 4 digits of account number | 3876 | \$1,012.00 |
| Nonpriority Creditor's Name NC4-105-03-14 | When was the debt incurred? | 2014-10 | |
| PO Box 26012 | | | |
| Greensboro, NC 27420-6012 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| ■ Debtor 1 only | Пол | | |
| _ | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d alaim. | |
| At least one of the debtors and another | Student loans | a ciaim: | |
| ☐ Check if this claim is for a community debt | _ | | |
| s the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify | | |
| | — Other. Specify | | |
| Chase Card Services Nonpriority Creditor's Name | Last 4 digits of account number | 4291 | \$10,526.00 |
| Attn: Correspondence Dept | When was the debt incurred? | 2007-06 | |
| PO Box 15298 | | | |
| Wilmington, DE 19850-5298 | - A | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| _ | П | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | a ciaiin: | |
| ☐ Check if this claim is for a community debt | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | <u> </u> | - | |
| □ 109 | Other, Specify | | |

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Debtor 1 Martin, Dennis Case number (if know) 4.5 **Chase Card Services** \$5,664.00 Last 4 digits of account number 8180 Nonpriority Creditor's Name Attn: Correspondence Dept When was the debt incurred? 2011-02 PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Last 4 digits of account number 0074 Citi \$2,963.00 Nonpriority Creditor's Name When was the debt incurred? 2013-07 PO Box 6241 Sioux Falls, SD 57117-6241 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Credit Card 4.7 Citibank/the Home Depot Last 4 digits of account number \$5,276.00 3728 Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized When was the debt incurred? 2014-06 **Bankruptcy** PO Box 790040S Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Store Card ☐ Yes

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| Martin, Dennis | | Case number (f know) | |
|---|--|---|------------|
| Comenity Bank/Harlem Furniture | Last 4 digits of account number | 4277 | \$2,557.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | 2014-10 | |
| PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | ☐ Debts to pension or profit-sharin | | |
| Yes | Other. Specify Store Card | <u> </u> | |
| Commerce Bank Nonpriority Creditor's Name | Last 4 digits of account number | 2992 | \$3,639.00 |
| PO Box 411036 Kansas City, MO 64141-1036 | When was the debt incurred? | 2015-03 | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | ■ Other. Specify Credit Care | <u>d</u> | |
| Emergency Physician Billing Nonpriority Creditor's Name | Last 4 digits of account number | 0013 | \$1,193.00 |
| Nonphorty Creditors Name | When was the debt incurred? | 5/10/16 | |
| PO Box 71402 | | | |
| Chicago, IL 60694-1402 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ ves | Other Cresity Medical | | |

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| Martin, Dennis | | Case number (if know) | |
|---|--|--|------------|
| First National Bank | Last 4 digits of account number | 3421 | \$7,108.00 |
| Nonpriority Creditor's Name Attn: FNN Legal Dept 1620 Dodge St MSC CODE3290 | When was the debt incurred? | 2014-02 | |
| Omaha, NE 68191 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Sears/Cbna | Last 4 digits of account number | 0766 | \$7,895.00 |
| Nonpriority Creditor's Name | When was the debt incurred? | 2016-02 | |
| PO Box 6283 | When was the dept incurred: | 2010-02 | |
| Sioux Falls, SD 57117-6283 | _ | | |
| Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| Synchrony Bank/Walmart Nonpriority Creditor's Name | Last 4 digits of account number | 3931 | \$4,625.00 |
| nonpriority Creditor's riame | When was the debt incurred? | 2015-10 | |
| PO Box 965064 | | | |
| Orlando, FL 32896-5064 | _ | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| _ | | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | agreement of arrefee that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □Yes | Other, Specify | | |
| | <u> </u> | g plans, and other similar debts | |
| | - Ottlet, Specity | | |

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Case 16-34751 Page 25 of 48 Case number (f know) Document Debtor 1 Martin, Dennis

| 4.14 | University of Chicago Physicians Group | Last 4 digits of account numl | oer 4 | 557 | \$474.54 |
|----------------|---|---|------------|---|-------------------------|
| | Nonpriority Creditor's Name | | _ | | |
| | 75 Remittance Dr Dept 1385 Chicago, IL 60675-1385 | When was the debt incurred? | _ | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the cla | aim is: C | heck all that apply | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsec | ured cla | iim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a report as priority claims | separatio | on agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sl | naring pla | ans, and other similar debts | |
| | Yes | Other. Specify Medical | | | - |
| Part 3: | List Others to Be Notified About a De | bt That You Already Listed | | | |
| is try have | nis page only if you have others to be notified ing to collect from you for a debt you owe to s more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out or | omeone else, list the original credito at you listed in Parts 1 or 2, list the a | r in Par | ts 1 or 2, then list the collection agency | here. Similarly, if you |
| | and Address | On which entry in Part 1 or Part 2 did | | | |
| | Amer ox 982238 | Line 4.2 of (Check one): | | rt 1: Creditors with Priority Unsecured Clair rt 2: Creditors with Nonpriority Unsecured (| |
| _ | so, TX 79998-2238 | | ■ Pa | Claims | |
| | | Last 4 digits of account number | | 3077 | |
| Bk of | and Address Amer | On which entry in Part 1 or Part 2 did Line <u>4.3</u> of (<i>Check one</i>): | | the original creditor? rt 1: Creditors with Priority Unsecured Clair | ms |
| _ | ox 982238 | | ■ Pa | rt 2: Creditors with Nonpriority Unsecured 0 | Claims |
| EI Fa | so, TX 79998-2238 | Last 4 digits of account number | | 3876 | |
| Name a | and Address | On which entry in Part 1 or Part 2 did | you list | the original creditor? | |
| | e Card | Line 4.4 of (Check one): | ☐ Pa | rt 1: Creditors with Priority Unsecured Clair | ms |
| _ | ox 15298 ington, DE 19850-5298 | | ■ Pa | rt 2: Creditors with Nonpriority Unsecured 0 | Claims |
| VVIIIII | ington, DE 19030-3290 | Last 4 digits of account number | | 4291 | |
| | and Address e Card | On which entry in Part 1 or Part 2 did Line 4.5 of (<i>Check one</i>): | | the original creditor? rt 1: Creditors with Priority Unsecured Clair | ms |
| PO B | ox 15298 | | | rt 2: Creditors with Nonpriority Unsecured (| |
| Wilmi | ington, DE 19850-5298 | Last 4 digits of account number | | 8180 | oraline oraline |
| | and Address | On which entry in Part 1 or Part 2 did | | <u> </u> | |
| | enity Bank/Roomplce ox 182789 | Line 4.8 of (Check one): | | rt 1: Creditors with Priority Unsecured Clair | |
| _ | nbus, OH 43218-2789 | | ■ Pa | rt 2: Creditors with Nonpriority Unsecured 0 | Claims |
| | , | Last 4 digits of account number | | 4277 | |
| Name a | and Address | On which entry in Part 1 or Part 2 did | you list | the original creditor? | |
| | Omaha | Line 4.11 of (Check one): | | rt 1: Creditors with Priority Unsecured Clair | |
| | ox 3412 na, NE 68103-0412 | | ■ Pa | rt 2: Creditors with Nonpriority Unsecured 0 | Claims |
| Jiliai | , VV 1VV VT12 | Last 4 digits of account number | | 3421 | |
| | and Address | On which entry in Part 1 or Part 2 did | - | = | |
| • | b/Walmart DC | Line 4.13 of (<i>Check one</i>): | | rt 1: Creditors with Priority Unsecured Clair | |
| | ox 965024 do, FL 32896-5024 | | ■ Pa | rt 2: Creditors with Nonpriority Unsecured 0 | Claims |
| Jilali | , 02000 002-T | Last 4 digits of account number | | 3931 | |

Official Form 106 E/F

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Debtor 1 Martin, Dennis

Name and Address Thd/Cbna

On which entry in Part 1 or Part 2 did you list the original creditor?

PO Box 6497 Sioux Falls, SD 57117-6497 Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3728

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Т | otal Claim |
|--------------------------|-----|--|-----|----|------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | <u> </u> |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | 1 | otal Claim |
| Tatal alaima | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 6g. | \$ | 0.00 |
| | 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | |
| | | | | Ф | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 64,037.36 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 64,037.36 |

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| | | | 111 1 7111. 7 7 (7) 4(1) | |
|---|-------------------------|-------------------|-------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Dennis Martin | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | |
| Case number | | | | |
| , | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code State what the contract or lease is for | |
|--|--|
| 2.1 | |
| Name | |
| | |
| Number Street | |
| | |
| City State ZIP Code | |
| 2.2 | |
| Name | |
| | |
| Number Street | |
| | |
| City State ZIP Code | |
| 2.3 | |
| Name | |
| | |
| Number Street | |
| | |
| City State ZIP Code | |
| 2.4 | |
| Name | |
| | |
| Number Street | |
| | |
| City State ZIP Code | |
| 2.5 | |
| Name | |
| | |
| Number Street | |
| | |
| City State ZIP Code | |

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| | 00001004701 | Docume | nt Page 28 of | 48 | ETT DCSG Main | |
|---------------------------|--|---|-----------------------------|---|---|--------------|
| Fill in thi | s information to identify your o | case: | | | | |
| Debtor 1 | Dennis Martin | | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | _ | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN | DIVISION | | |
| Case nun | nber | | | | | |
| (if known) | | | | | ☐ Check if this is amended filing | |
| Codebtors are filing t | s are people or entities who are together, both are equally responder the entries in the boxes on the country of the country o | e also liable for any debts onsible for supplying co the left. Attach the Additio | rect information. If more | space is needed, c | opy the Additional Page, | fill it out, |
| 1. Do | you have any codebtors? (If y | ou are filing a joint case, do | not list either spouse as a | codebtor. | | |
| □ No ■ Ye | | | | | | |
| | thin the last 8 years, have you ornia, Idaho, Louisiana, Nevada, | | | | states and territories include | de Arizona, |
| | o. Go to line 3. es. Did your spouse, former spous | se, or legal equivalent live wi | ith you at the time? | | | |
| line 2 106D | olumn 1, list all of your codebto 2 again as a codebtor only if th)), Schedule E/F (Official Form mn 2. | at person is a guarantor o | or cosigner. Make sure y | ou have listed the c | reditor on Schedule D (O | fficial Forn |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The cre Check all schedule | editor to whom you owe to est that apply: | he debt |
| 3.1 | Diana Megalis-Martin 301 Geneva Rd Glen Ellyn, IL 60137-3711 | | | ■ Schedule D, □ Schedule E/F □ Schedule G _ Freedom Mortg | F, line | |

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| Fill | in this information to | identify your cas | se: | | | | | | | |
|------------------|---|------------------------------------|---|--|------------------|--|--|-----------------------------|------------------------------|--------------|
| Deb | otor 1 | Dennis Marti | n | | | _ | | | | |
| | otor 2 buse, if filing) | | | | | _ | | | | |
| Uni | ted States Bankrupto | cy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS, EASTE | ERN | _ | | | | |
| | se number nown) | | | | | | Check if this is: An amended A supplement income as a | d filing | | chapter 13 |
| O | fficial Form | <u> 1061</u> | | | | | MM / DD/ \ | | g date: | |
| S | chedule I: \ | our Inco | me | | | | , 22, | | | 12/15 |
| sup _l | plying correct infor use. If you are sepa ch a separate sheet | mation. If you a rated and your | ole. If two married people re married and not filing spouse is not filing with n the top of any addition | j jointly, and your spo you, do not include i | use is nforma | living ation | y with you, includated about your spou | de informati se. If more | ion about yo space is nee | our eded, |
| 1. | Fill in your emplo information. | yment | | Debtor 1 | | | Debtor 2 | or non-filii | ng spouse | |
| | If you have more th | | Employment status* | ■ Employed | | ■ Empl | ■ Employed | | | |
| | attach a separate p | J | Employment status | ☐ Not employed | | ☐ Not e | ☐ Not employed | | | |
| | employers. | | Occupation | See Schedule Attached | | Assista | Assistant Director of Admissions | | ssions | |
| | Include part-time, s self-employed work | | Employer's name | | | | DeVry | University | , Inc. | |
| | Occupation may in homemaker, if it ap | | Employer's address | | | 3005 Highland Pkwy Downers Grove, IL 60515-5682 | | 682 | | |
| | | | How long employed the | | hment | for A | <u>{</u> dditional Employ | years ment Infor | mation | |
| Par | t 2: Give Deta | ails About Mont | hly Income | | | | | | | |
| | mate monthly incor ss you are separated | | e you file this form. If yo | u have nothing to report | for any | y line, | write \$0 in the spa | ace. Include | your non-filin | g spouse |
| , | u or your non-filing spee, attach a separate | | than one employer, combi | ine the information for a | ll emplo | oyers | for that person on | the lines bel | low. If you ne | ed more |
| | | | | | | | For Debtor 1 | For Debt | tor 2 or g spouse | |
| 2. | | | , and commissions (before culate what the monthly w | | 2. | \$_ | 5,099.14 | \$ | 5,225.63 | |
| 3. | Estimate and list | monthly overtin | пе рау. | | 3. | +\$_ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Ir | ncome. Add line | 2 + line 3. | | 4. | \$_ | 5,099.14 | \$5 | ,225.63 | |

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| Deb | tor 1 | Martin, Dennis | _ | Case | number (if known) | | | |
|-----|---------------|---|------------|-------------|-------------------|--|-----------------|----------|
| | Con | y line 4 here | 4. | For \$ | Debtor 1 5,099.14 | For Debtor | | |
| _ | | | | *- | 3,033.14 | <u> </u> | 223.03 | |
| 5. | | all payroll deductions: | | Φ. | 0.45 45 | Φ. | | |
| | 5a. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | \$ \$ | 847.45 | \$ \$ | 993.76 | |
| | 5b. 5c. | · | 50. 5c. | » \$ | 0.00 | \$ | 0.00 | |
| | 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 5d. | \$ _ | 241.94 122.85 | \$ | 156.74 19.37 | |
| | 5e. | Insurance | 5a. 5e. | \$_ | 747.56 | \$ | 33.39 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 457.02 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | <u> </u> | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: Legal Insurance | 5h.+ | · — | | + \$ | 0.00 | |
| | | Vacation Buy Up | _ | \$_ | 0.00 | \$ | 51.24 | |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | — 6. | \$ | 2,434.33 | \$ 1 | 254.50 | |
| 7. | Calo | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,664.81 | \$ 3 | 971.13 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ _ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | <u> </u> | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | <u> </u> | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | ************************************** | 0.00 | |
| | 8g. | Pension or retirement income | — 8g. | \$_ | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ | 0.00 | + \$ | 0.00 | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | : | 2,664.81 + \$_ | 3,971.13 | = \$ | 6,635.94 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule stude contributions from an unmarried partner, members of your household, your dear friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not available: | ependen | | • | | +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The resule that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | \$ | 6,635.94 |
| 13. | Doy | you expect an increase or decrease within the year after you file this form? | • | | | | Combine monthly | |
| | | No. Vec Evolain: | | | | | | 1 |

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| Debtor 1 Martin, Dennis Case number (if known) | |
|--|--|
|--|--|

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|--|--|
| Occupation | Manager of Student Services | |
| Name of Employer | DeVery University, Inc. | |
| How long employed | 11 years | |
| Address of Employer | 3005 Highland Pkwy Downers Grove, IL 60515-5682 | |
| Debtor | | |
| Occupation | Kitchen Help | |
| Name of Employer | New Chateau Ritz, Inc. | |
| How long employed | 4 years | |
| Address of Employer | 9100 N Milwaukee Ave Niles. IL 60714-1539 | |

Official Form 106I Schedule I: Your Income page 3

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| Fill | in this information to identify you | ur case: | | | | |
|------------|---|--|--|-----------------|----------------------|-------------------------------|
| | | | | Choo | k if this is: | |
| | Dennis Marti | <u> </u> | | | An amended filing | |
| | otor 2 | | | | | ing postpetition chapter 13 |
| (Sp | ouse, if filing) | | | | expenses as of the t | following date: |
| Unit | ed States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLING EASTERN DIVISION | OIS, | - | MM / DD / YYYY | |
| 1 | e number nown) | | | | | |
| 0 | fficial Form 106J | | | | | |
| S | chedule J: Your E | Expenses | | | | 12/1: |
| Be info | as complete and accurate as p | cossible. If two married people are ded, attach another sheet to this fo | | | | |
| Par 1. | t 1: Describe Your Housel Is this a joint case? | nold | | | | |
| | ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in | a a separate household? | | | | |
| | □ No | t file Official Form 106J-2, <i>Expenses t</i> | or Separate Househo | ldof Debtor | 2. | |
| 2. | Do you have dependents? | □ No | | | | |
| ۷. | Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □ No |
| | dependents names. | | Daughter | | 7 | ■ Yes |
| | | | | | | □ No |
| | | | Step Daughter | | 15 | Yes |
| | | | | | | □ No |
| | | | Step Daughter | | 13 | Yes |
| | | | 04 - 5 - 14 - | | | □ No |
| 3. | Do your expenses include | _ | Step Daughter | | 9 | Yes |
| Э. | Do your expenses include expenses of people other th yourself and your dependen | | | | | |
| Par | t 2: Estimate Your Ongoin | g Monthly Expenses | | | | |
| exp | | ur bankruptcy filing date unless yo ankruptcy is filed. If this is a supple | | | | |
| Inc | lude expenses paid for with n | on-cash government assistance if y | you know the | | | |
| val | | re included it on Schedule I: Your l | | | Your expe | enses |
| 4. | The rental or home ownersh payments and any rent for the | ip expenses for your residence. Inc | clude first mortgage | 4. \$ | | 2,445.56 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, | or renter's insurance | | 4b. \$ | | 0.00 |
| | | pair, and upkeep expenses | | 4c. \$ | | 200.00 |
| _ | | on or condominium dues | o oquity locas | 4d. \$ 5. \$ | | 0.00 |
| 5. | Auditional mortgage payme | nts for your residence, such as hom | ie equity iodiis | э. ֆ | | 0.00 |

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| ebtor | Martin, Dennis C | ase num | ber (if known) | |
|-------|---|--------------|---------------------|------------------------|
| Ut | ilities: | | | |
| 6a | . Electricity, heat, natural gas | 6a. | \$ | 275.00 |
| 6b | Water, sewer, garbage collection | 6b. | \$ | 100.00 |
| 60 | | 6c. | \$ | 300.00 |
| 60 | I. Other. Specify: | 6d. | \$ | 0.00 |
| Fo | ood and housekeeping supplies | – 7. | \$ | 1,300.00 |
| Cl | nildcare and children's education costs | 8. | \$ | 300.00 |
| CI | othing, laundry, and dry cleaning | 9. | \$ | 200.00 |
| . Ре | ersonal care products and services | 10. | \$ | 100.00 |
| . M | edical and dental expenses | 11. | \$ | 250.00 |
| | ansportation. Include gas, maintenance, bus or train fare. | | | |
| | o not include car payments. | 12. | \$ | 800.00 |
| B. Er | ntertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 150.00 |
| . CI | naritable contributions and religious donations | 14. | \$ | 0.00 |
| | surance. | | | |
| | o not include insurance deducted from your pay or included in lines 4 or 20. | | _ | |
| | a. Life insurance | 15a. | | 0.00 |
| | b. Health insurance | 15b. | · | 0.00 |
| 15 | c. Vehicle insurance | 15c. | \$ | 126.63 |
| 15 | d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| | ixes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | |
| | pecify: | _ 16. | \$ | 0.00 |
| | stallment or lease payments: 'a. Car payments for Vehicle 1 | 17a. | ¢ | 415.66 |
| | b. Car payments for Vehicle 2 | 17a. 17b. | · | |
| | • • | 17b. | · | 298.91 |
| | /c. Other Specify: | _ | | 0.00 |
| | 'd. Other. Specify: | 17d. | Ф | 0.00 |
| | pur payments of alimony, maintenance, and support that you did not report as educted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | ther payments you make to support others who do not live with you. | | \$ | 0.00 |
| _ | pecify: | 19. | | 0.00 |
| | ther real property expenses not included in lines 4 or 5 of this form or on Schedule | | | |
| | a. Mortgages on other property | 20a. | | 0.00 |
| 20 | b. Real estate taxes | 20b. | \$ | 0.00 |
| 20 | c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | d. Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | le. Homeowner's association or condominium dues | 20e. | · | 0.00 |
| | her: Specify: Cell Phone | | +\$ | 200.00 |
| | | | Γ | 200.00 |
| | alculate your monthly expenses | | | |
| | a. Add lines 4 through 21. | | \$ | 7,461.76 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 7,461.76 |
| C | alculate your monthly net income. | | | |
| | ia. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 6,635.94 |
| | b. Copy your monthly expenses from line 22c above. | 23b. | · | 7,461.76 |
| 23 | b. Copy your monthly expenses nominate 220 above. | ∠აט. | -φ | 7,461.76 |
| 25 | c. Subtract your monthly expenses from your monthly income. | | | |
| 20 | The result is your monthly net income. | 23c. | \$ | -825.82 |
| ъ. | • | la thia f | iorm? | |
| | byou expect an increase or decrease in your expenses within the year after you fire rexample, do you expect to finish paying for your car loan within the year or do you expect your mixed. | | | or decrease because of |
| | | gage p | ca, mont to morouse | J. GOOLOGOO DOOGGOO OI |
| | odification to the terms of your mortgage? | | | |
| mo | No. | | | |

| modification to the t | louincation to the terms of your mongage? | | | | |
|-----------------------|---|--|--|--|--|
| ■ No. | | | | | |
| ☐ Yes. | Explain here: | | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|---|---|--------------------------|--|----------------------|---|
| Debtor 1 | Dennis Martin | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DI | VISION | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Official Ford Declara t | | ın Individual | Debtor's Sch | edules | 12/15 |
| You must file this obtaining money years, or both. 19 | s form whenever you file | e bankruptcy schedules o | sible for supplying correct i or amended schedules. Mak uptcy case can result in fin | cing a false statem | ent, concealing property, or or imprisonment for up to 20 |
| | | ne who is NOT an attorn | ey to help you fill out bankr | ruptcy forms? | |
| ■ No | | | , | | |
| ☐ Yes. N | Name of person | | - | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| Under penal that they are | ity of perjury, I declare the true and corrects | hat I have read the summ | nary and schedules filed wit | h this declaration a | and |
| x V | in Man | | х | | |
| | Martin re of Debtor 1 | | Signature of Deb | otor 2 | |

Date ____

Date October 25, 2016

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| | in Abia infano | | | | | |
|----------------|-----------------------------------|---|--|---|---|---|
| | THE RESERVE THE PERSON NAMED IN | nation to identify you | r case: | | | |
| Deb | otor 1 | Dennis Martin First Name | Middle Name | Last Name | | |
| | otor 2 | | | | | |
| | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIV | /ISION | |
| Cas (if kno | e number _ | | | | | Check if this is an amended filing |
| Sta | | of Financial | | duals Filing for E | | 4/1 |
| infor | mation. If me | ore space is needed, er every question. | attach a separate sheet to t | his form. On the top of any | additional pages, write you | r name and case numbe |
| Part | 1: Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | ■ Married □ Not mar | ried | | | | |
| 2. | During the la | st 3 years, have you | ived anywhere other than v | where you live now? | | |
| | ■ No □ Yes. List | all of the places you liv | ed in the last 3 years. Do not | include where you live now. | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 there | lived Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there |
| 3. states | Within the lass and territorie | st 8 years, did you ev s include Arizona, Cali | er live with a spouse or lega fornia, Idaho, Louisiana, Nev | al equivalent in a communi ada, New Mexico, Puerto Ric | ty property state or territory co, Texas, Washington and W | /? (Community property /isconsin.) |
| | ■ No □ Yes. Mak | ke sure you fill out <i>Sche</i> | dule H: Your Codebtors (Offic | cial Form 106H). | | |
| Part | 2 Explain | the Sources of Your | Income | | | |
| F | Fill in the total | amount of income you | received from all jobs and a | g a business during this yea Il businesses, including part- gether, list it only once under | time activities. | dar years? |
| [| □ No | | | | | |
| 1 | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | ast calendar uary 1 to Dec | year: ember 31, 2015) | ■ Wages, commissions, bonuses, tips | \$4,779.48 | ☐ Wages, commissions, bonuses, tips | |
| | | | Operating a husiness | | ☐ Operating a business | |

Official Form 107

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Debtor 1 Martin, Dennis Document Page 36 of 48 number (if known)

| | | De | ebtor 1 | | Debtor 2 | |
|-------|----------------------------|---|--|---|---|---|
| | | | ources of income neck all that apply. | Gross income (before deductions and exclusions) | Sources of incor Check all that app | |
| | | | Wages, commissions, nuses, tips | \$44,623.33 | ☐ Wages, comm bonuses, tips | issions, |
| | | | Operating a business | | Operating a bu | usiness |
| | ndar year be o December | 31 2014) | Wages, commissions, nuses, tips | \$4,585.11 | ☐ Wages, comm bonuses, tips | issions, |
| | | | Operating a business | | Operating a bu | usiness |
| | | | Wages, commissions, nuses, tips | \$45,737.15 | ☐ Wages, comm bonuses, tips | issions, |
| | | | Operating a business | | Operating a bu | usiness |
| ☐ Yes | . Fill in the d | Del Sou | otor 1 urces of income scribe below. | Gross income from each source (before deductions and | Debtor 2 Sources of incon Describe below. | ne Gross income (before deductions and exclusions) |
| | | | | exclusions) | | and oxoladionity |
| | | | e Before You Filed for B | | | |
| □ No. | Neither De individual p | ebtor 1 nor Debtor orimarily for a perso | r 2 has primarily consun nal, family, or household p | ner debts. Consumer debts purpose." | | C. § 101(8) as "incurred by an |
| | During the No. | 90 days before you Go to line 7. | ı filed for bankruptcy, did y | ou pay any creditor a total of | \$6,425* or more? | |
| | ☐ Yes | List below each of creditor. Do not it payments to an a | nclude payments for dom ttorney for this bankruptcy | estic support obligations, su | ich as child support a | and the total amount you paid that nd alimony. Also, do not include |
| ■ Yes | Debtor 1 c | or Debtor 2 or both | n have primarily consum | | | unent. |
| | | | | | | |
| | □ No. | Go to line 7. | | | | |
| | □ No. ■ Yes | List below each c | nestic support obligations, | a total of \$600 or more and th such as child support and al | e total amount you pa imony. Also, do not in | id that creditor. Do not include clude payments to an attorney for |

Debtor 1 Martin, Dennis Page 37 of 48 number (if known) Document Creditor's Name and Address **Dates of payment** Amount you **Total amount** Was this payment for ... still owe paid Freedom Mortgage 6/16/16 \$7,335.00 \$0.00 Mortgage PO Box 619063 7/16/16 ☐ Car Dallas, TX 75261-9063 8/16/16 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Bank of the West 9/7/16 \$894.48 \$0.00 ☐ Mortgage 2527 Camino Ramon 7/25/16 Car San Ramon, CA 94583-4292 6/27/16 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other **Bank of America** 6/13/16 \$1,246.98 \$0.00 ☐ Mortgage 7/8/16 Car 8/19/16 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Insider's Name and Address **Dates of payment Total amount** Amount you Reason for this payment still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Nο Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number

Case 16-34751

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10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address **Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per Describe the gifts Dates you gave Value the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment or Amount of Address transferred transfer was payment **Email or website address** made Person Who Made the Payment, if Not You

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Case 16-34751

Martin, Dennis

Debtor 1

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| De | ebtor 1 | Case 16-34751 Martin, Dennis | Doc 1 | Filed 10/31/16 Document | Entered Page 40 (| 10/31/16 14:58:11 of 48 number (if known) | Desc Main |
|--------|--|---|------------------|--|----------------------|---|----------------------------------|
| 22 | Цоли | a vou atarad proporty in a | otovogo unit o | place other than year | hama wishin d | | |
| 22. | пач | e you stored property in a s | storage unit or | place other than your | nome within 1 | year before you filed for ban | kruptcy? |
| | | No | | | | | |
| | _ | Yes. Fill in the details. ne of Storage Facility | | Who else has or l | and accord | Describe the contents | Do you still |
| | | Iress (Number, Street, City, State | and ZIP Code) | to it? Address (Number, S | | Describe the contents | have it? |
| | | | | and ZIP Code) | orreet, City, State | | |
| Pa | rt 9: | Identify Property You Hol | ld or Control f | or Someone Else | | | |
| 23. | | ou hold or control any propeone. | perty that som | eone else owns? Inclu | de any propert | y you borrowed from, are sto | oring for, or hold in trust for |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | ner's Name Iress (Number, Street, City, State a | and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe the property | Value |
| Pa | rt 10: | Give Details About Enviro | onmental Infor | mation | | | |
| For | the p | urpose of Part 10, the follow | wing definition | s apply: | | | |
| | toxic | | aterial into the | air, land, soil, surface | | ng pollution, contamination, water, or other medium, inclu | |
| | Site | means any location, facility | , or property | as defined under any e | nvironmental la | aw, whether you now own, op | perate, or utilize it or used to |
| | own, operate, or utilize it, including disposal sites. | | | | | tovia substance honordous | |
| | | rial, pollutant, contaminant | | | s a liazardous | waste, nazardous substance, | toxic substance, nazardous |
| Rep | ort all | notices, releases, and pro- | ceedings that | you know about, regar | dless of when | they occurred. | |
| 24. | Has a | any governmental unit noti | fied you that y | ou may be liable or po | tentially liable | under or in violation of an en | vironmental law? |
| | _ | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | ne of site ress (Number, Street, City, State a | and ZIP Code) | Governmental un Address (Number, S ZIP Code) | | Environmental law, if you know it | ou Date of notice |
| 25. | Have | you notified any governme | ental unit of a | ny release of hazardou | s material? | | |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | ne of site ress (Number, Street, City, State a | and ZIP Code) | Governmental un Address (Number, S ZIP Code) | - | Environmental law, if you know it | Date of notice |
| 26. | Have | you been a party in any ju | dicial or admii | nistrative proceeding u | nder any envir | onmental law? Include settle | ments and orders. |
| | | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | e Title e Number | | Court or agency Name | | Nature of the case | Status of the |
| | ous | - Humber | | Address (Number, Stand ZIP Code) | reet, City, State | | case |
| Par | t 11: | Give Details About Your B | Business or Co | | ness | | |
| | | | | | | of the following connections | e to any husiness? |
| _,, | | ☐ A sole proprietor or self- | | | | | , to any business? |
| | | ☐ A member of a limited lia | | | | | |
| Offici | al Form | | | nt of Financial Affairs for | | | page 6 |
| | | | | | | | P~90 0 |

16-34751 Dennis Entered 10/31/16 14:58:11 Document Page 41 of 48 number (if known) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Dénnis Martin Signature of Debtor 2 Signature of Debtor 1 Date October 25, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? No. ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Doc 1

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| Fill in this infor | mation to identify your | case: | | |
|--|--|---|---|---|
| Debtor 1 | Dennis Martin | | | |
| Debtor 2 | First Name | Middle Name | Last Name | } |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS, EASTERN DIVISION | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Official Fo | | n for Individ | luals Filing Under Chap | ter 7 12/15 |
| creditors hav you have leas You must file thi whiche the for | ever is earlier, unless the m | ir property, or nd the lease has not exp thin 30 days after you f e court extends the time | | creditors and lessors you list on |
| Part 1: List Your List You Lis | our name and case num our Creditors Who Have ors that you listed in Pa elow. | ber (if known). Secured Claims rt 1 of Schedule D: Cred | ed, attach a separate sheet to this form. On the | |
| Identify the cr | editor and the property th | | hat do you intend to do with the property that cures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's B | Bank of America | | Surrender the property. Retain the property and redeem it. | □ No |
| Description of property securing debt: | 2011 Honda Pilot | _ | Retain the property and enter into a <i>Reaffirmation Agreement</i> . Retain the property and [explain]: | yes ■ Yes |
| Creditor's B | ank of the West | | Surrender the property. Retain the property and redeem it. | □ No |
| Description of property securing debt: | 2011 Infiniti G Seda | an | Retain the property and enter into a <i>Reaffirmation Agreement</i> . Retain the property and [explain]: | yes ■ Yes |
| Creditor's Fi | reedom Mortgage Co | - | Surrender the property. Retain the property and redeem it. | □ No |
| Description of property securing debt: | 301 Geneva Rd, Gl 60137-3711 | en Ellyn, IL | Retain the property and enter into a <i>Reaffirmation Agreement.</i> Retain the property and [explain]: | ■ Yes |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1 Martin, Dennis | Case number (if known) |
|--|--|
| | |
| the information below. Do not list real estate leases. | eases listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in Unexpired leases are leases that are still in effect; the lease period has not yet ended. You f the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases | Will the lease be assumed? |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No |
| Part 3: Sign Below Under penalty of perjury, I declare that I have indicate property that is subject to an unexpired lease. | ed my intention about any property of my estate that secures a debt and any personal |
| Oennis Martin Signature of Debtor 1 | Signature of Debtor 2 |
| Date October 25, 2016 | Date |

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| IN RE: | | Case No | | |
|--------------------------------|---|---|----------------|--|
| Martin, Dennis | | Chapter 7 | Chapter 7 | |
| | Debtor(s) | | | |
| | VERIFICATION OF CREDI | TOR MATRIX | | |
| | | Number of Credi | tors 21 | |
| The above-named Debtor(s) here | by verifies that the list of creditors is | true and correct to the best of my (our) ki | nowledge. | |
| Date: October 25, 2016 | Debtor Janto | | | |
| | | | | |
| | Joint Debtor | | | |

AT&T PO Box 5014 Carol Stream, IL 60197-5014

Bank of America NC4-105-03-14 PO Box 26012 Greensboro, NC 27420-6012

Bank of the West 2527 Camino Ramon San Ramon, CA 94583-4292

Bk of Amer PO Box 45144 Jacksonville, FL 32232-5144

Bk of Amer PO Box 982238 El Paso, TX 79998-2238

Chase Card PO Box 15298 Wilmington, DE 19850-5298

Chase Card Services Attn: Correspondence Dept PO Box 15298 Wilmington, DE 19850-5298 Citi PO Box 6241 Sioux Falls, SD 57117-6241

Citibank/the Home Depot Citicorp Cr Srvs/Centralized Bankruptcy PO Box 790040S Louis, MO 63129

Comenity Bank/Harlem Furniture PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Roomplce PO Box 182789 Columbus, OH 43218-2789

Commerce Bank PO Box 411036 Kansas City, MO 64141-1036

Emergency Physician Billing PO Box 71402 Chicago, IL 60694-1402

First National Bank Attn: FNN Legal Dept 1620 Dodge St MSC CODE3290 Omaha, NE 68191 Fnb Omaha PO Box 3412 Omaha, NE 68103-0412

Freedom Mortgage Corp 10500 Kincaid Dr Fishers, IN 46037-9749

Sears/Cbna PO Box 6283 Sioux Falls, SD 57117-6283

Syncb/Walmart DC PO Box 965024 Orlando, FL 32896-5024

Synchrony Bank/Walmart PO Box 965064 Orlando, FL 32896-5064

Thd/Cbna PO Box 6497 Sioux Falls, SD 57117-6497

University of Chicago Physicians Group 75 Remittance Dr Dept 1385 Chicago, IL 60675-1385

 $_{B201B\;(Form\;2}\text{Case,16-34751}$

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Signature of Joint Debtor (if any)

Date

Desc Main

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Northern District of Illinois, Eastern Division

| IN RE: | | Case No |
|----------------|-----------|-----------|
| Martin, Dennis | | Chapter 7 |
| • | Debtor(s) | |

| | ION OF NOTICE TO CONSU § 342(b) OF THE BANKRUP | |
|---|---|--|
| Certificate of | f [Non-Attorney] Bankruptcy I | Petition Preparer |
| I, the [non-attorney] bankruptcy petition prepare notice, as required by § 342(b) of the Bankruptcy | | by certify that I delivered to the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Pe | etition Preparer | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) |
| X | | (Required by 11 U.S.C. § 110.) |
| Signature of Bankruptcy Petition Preparer of of partner whose Social Security number is provide | | or |
| | Certificate of the Debtor | |
| I (We), the debtor(s), affirm that I (we) have red | eeived and read the attached notice, | as required by § 342(b) of the Bankruptcy Code. |
| Martin, Dennis | X | 10/31/2016 |
| Printed Name(s) of Debtor(s) | Signature of | f Debtor Date |
| Case No. (if known) | X | |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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